

Volunteer Interview Form

Date: _____ Position: _____ Interviewer: _____

Prospect's Name: _____ Phone: _____ Email: _____

Interviewer: Please review the SHICK Volunteer Opportunities Brochure with the potential counselor, then ask the following questions.

1. Do you have any questions about SHICK or the requirements of being a SHICK volunteer?
2. Why do you want to volunteer with SHICK? What inspired you to contact us?
3. What would you like to get out of this volunteer experience?
4. Have you worked with seniors and/or people with disabilities? ☐ Yes ☐ No
Details: _____
5. Are you comfortable working with computers? ☐ Yes ☐ No
 - a. Do you have internet access at home or work? ☐ Yes ☐ No
6. Do you have experience with the Medicare and/or Medicaid programs? ☐ Yes ☐ No
Details: _____
7. Are you familiar with healthcare billing or insurance claims processing? ☐ Yes ☐ No
Details: _____
8. Do you have experience in trouble-shooting and problem-solving for others? ☐ Yes ☐ No

9. If you were asked a question by a beneficiary and you were not sure of the answer, how would you proceed?

Volunteer Availability

Interviewer: Please review volunteer job descriptions with the prospective counselor, then gather the following information.

This person is interested in being a

- ☐ Medicare Part C/D Counselor
- ☐ Comprehensive Medicare Counselor
- ☐ Call Center Operator – (Wichita, Lawrence, and Topeka areas)
- ☐ Office Assistant

This person can volunteer _____ hours per week.

Please circle preferred days/times for volunteer work:

Monday am/pm	Tuesday am/pm	Wednesday am/pm	Thursday am/pm
Friday am/pm	Saturday am/pm	Sunday am/pm	

This person can participate in our next training session on _____

Interviewer Assessment *(complete after interview)*

Special Skills: _____

Comments: _____

This person would be a good candidate for: (check all that apply)

- ☐ Medicare Part C/D Counselor
- ☐ Comprehensive Medicare Counselor
- ☐ Call Center Operator – (Wichita, Lawrence, and Topeka areas)
- ☐ Office Assistant